	AISSOURI	DIV	ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-0352	249
DO NOT WRITE	ARTMENT OF	PUB	Registration District No	MBER
ON THIS STUB		_	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: R 3. STATE (ACCOUNTY To COUNTY TO COUN	
VS 300 Rev. 4/59			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits
•	AMENDED		TOWN JOACHIM TOWNSHIP. TOWN HERCLLANGUM	Yes 12 No 🗆
2.500	DATE A	1.	c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL HOSP Yes No 18 O STREET ADDRESS 100 W. SCHOOL ST.	Reside on Farm Yes No []
² 0500	20	┪┃	3. NAME OF DECEASED First Middle Last 4. DATE Month Day	Year
<u> </u>	1 1 1 1		GRACE MAE REIM DEATH SEPT. 21,	1962
5 /	$\{ \mid \mid \mid \mid \mid \mid \}$		5. SEX 6. COLOR OR RACE 7. Married P Never Married B. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR Widowed Divorced 1 /-13-94 68 Months Days	Hours Min.
6			Toa, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF V	WHAT COUNTRY
7 0		11	during most of working life, even if retired) 130. JE W / FE 130. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WHEE	<u> </u>
8 0			DAN MONTGOMERY JULIA BOUSCHAND WILLIAM F. 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address / OO W.	REIM
	8		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address / 00 W. (Yes, no or unknown) (If yes, give war or dates of service WILLIAM F. REIM HERCLLAN	_ ,
94200H	ARE	눌	1 18. CAUSE OF DEATH (Enter only one cause per line	TERVAL BETWEEN NSET AND DEATH
10	98 P	CUME	IMMEDIATE CAUSE (0) asteriosclerotic Deart disease	
		000	Conditions, if any,) DUE TO (b) arterioscherusis, goneselized	
12/-0	HIS REC		which gave rise to above cause (a),	
$\frac{13}{-0}$		↑ [stating the under- lying cause last.) DUE TO (c)	
			O disease condition given in PART I (a)	was female was ncy in last 90 days.
	AMENDMENT		19. WAS AUTOPSY 20a, ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PA	,
V O	AME		20c. TIME OF Hou Month, Day, Year INJURY s.m. p.m.	
USE BLACK INK OR PEWRITER RIBBON			ZOd. INJURY OCCURRED	STATE
Š κ κ π			NOT WHILE AT WORK	
USE BLACK OR TYPEWRITER	REA		21. I attended the deceased from Cfs., 1962, to Coff 21, 1962 and last saw her him alive on the date stated above, and to the best of my knowledge, from the care	USES STATES
JSE VEW	SHOULD	P.		.225. DATE SIGNED
) <u>F</u>	š	<u> </u>	Jan man Dolyan My Helus, Mo	1/22/62
	ON ON	AFFIDA	236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CHEMITERY 23d. LOCATION (City, town, or county) REMOVAL (Specify) 9-24-62 ROSE LAWN 23d. LOCATION (City, town, or county) CRYSTAL CITY N	11550URI
	ITEM N		24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	17.05(1
	=	B	(Licersed Embalmer's Statement on Reverse Sides of Statement on Reverse Statement on Reverse Sides of Statement on Stat	- Mark
			(Firetizer Fithelizer Fithelizer a Statement on Kakatsa Sidal Control of Statement	. 4 \ 48-5-7



STATEMENT BY LICENSED EMBALMER

, ,	ne is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Empanner No
working under my personal supervision.	1 2 00 0
itudent	Signed Comes Pichou Cally
Signature of Student Embalmer	Licensed Embalmer No. 430
	P. O. Address CRYSTAL CLTY, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.